

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10 507392**

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51						
3							52						
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46							95						
47							96						
48							97						
49							98						
50							99						
51							100						
TOTAL							TOTAL IND.						
TOTAL							TOTAL DEP.						
TOTAL							TOTAL CLAIMS						

13

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS